MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 10193
1. PLACE OF DEATH	
County Harfard MITHIN COHPO	Registration Dist. No. 185
1/	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. 10 ds. How long is U.S. if of foreign birth? yrs. mos. ds.
4. 5 () 0	sf_Ods. How long IW U. S. if of foreign birth?yrsmosds.
2. FULL NAME Searge 6. Ud	aus
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of	22. / HEREBY CERTIFY. That bettended deceased from
(or) WIFE of allice fidams	12. TEN 31 1933 to to Oct 1 1933
6. DATE OF BIRTH (month, day, and year) January 21-186	That saw has alive on Oct 15 , 19.33; death is said
7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at 2m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
10 00 10 ormin.	were as yollows:  Oate of onset
8. Trade, profession, or particular kind of work dona, as SPtNNER, SAWYER, BOOKKEEPER, etc	Intorsed Taskin
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this excusation (month and the second in this exp	filce
SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and most 1920)  11. Total time (years) spent in this 45 grad. occupation	
12. BIRTHPLACE (city or town)	Other Contributor Causes of importance:
(State or country) Cauada	(Ishir.)
13. NAME John adams	00700100100
13. NAME Laure Laure 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Thoebe Greenlack  16. BIRTHPLACE (city or town)  (State or country)	23. If death was dua to external causes (V)OLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide? Oate of injury, 19
m. 11 m	Whera did injury occur?  (Specify city or town, county and State)  Specify whether injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Western my	Specify whether might occurred in moderni, in nome, or in robert reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place the country Oate lev. 4 , 1921	Nature of Injury
19. UNDERTAKER Stemmy Tarring Johns	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cilustin md	If so, specify
20. FILEO Oct 2 1933 Charles & Jaly ma.	(Signed) TO Stelling M. D.
A / Registrar.	(Address) Harr N. Drace Med

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 weck ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10194
County Harford	Registration Dist. No. 184
Village arcity Qublin	ND. St. Ward
	If death occurred in a hospitalor institution, give its NAME instead of street and number)
1 mm 1	s. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME (Imanda ///, Un	racorson
(a) Residence: No. (Usual place of abode)	St., · Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Corner of the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
2.1+ 1 190~	1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than	I last saw best alive on to have occurred on the date stated above, at 1995 A.m.
/ / / l day,hrs.	
8. Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	9/1/ hud kiru - 9-17
9 Industry or business in which work was done, as SILK MILL,	The state of the s
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and None spant in this occupation occupation)	
/O 0 0'	Other Coutributory Causes of importance:
(State or country)	-
	Trans
(State or country)	Name of operation Date of Date
15. MAIDEN NAME Chanda, E. Simple to	What test confirmed diagnosis? Was there an au'opsy?  23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME (manda E. Singleto)  16. BIRTHPLACE (oit) or town) Dubling  (State or country)	Accident, suicide, or homicide?
2 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
17, INFORMANT Nelson B. anderson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Avet Ma	-
18. BURIAL, CALLE	Manner of injury
Place Discourse Con 10, 193	Nature of injury
19. UNDERTAKER H. S. Bailen	24. Was disease or injury in any way related to occupation of deceased?
(Address) Darlington oma,	If so, specify
20. FILED Oct 14, 19 33 Th W This	(Signed)//s.le: Salcon
Registrar.	(Address) Darling to Mel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	# 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

1. PLACE OF DEATH  County Harland	Registration Dist. No. 189
Village or City Rocks (1	NoSt.,W.  f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME  (a) Residence: No.  (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  **SEX**  4. COLOR OR RACE OR DIVORCED ("write the word)  **SEX**  **SEX**  **ACCUMATE OF THE PROPERTY O	21. DATE OF DEATH  Oct 22. 199 5  (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of  May Cather	1 HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and year) Way, 23, 1856	1 Jast saw h alive on Oct. 22, 1923; death is
7. AGE Years Months Days If LESS than	No have occurred on the date stated above, at 4.5-P.m.
77 4 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Hy pertension serteries
10. Oate deceased last worked at this occupation (month and year)	- but morphy
12. BIRTHPLACE (city or town) Mes Broke (State or country)	Other Contributory Causes of importance:
13. NAME Robert Certhur  14. BIRTHPLACE (city or town)	•
14. BIRTHPLACE (city or town) Music (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Mahala Sunband	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mahala Sumbans  16. BIRTHPLACE (city or town) Mah	Accident, suicide, or homicide?
Corde of Country)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE,
17. INFORMANT May (Address)	
18. BURIAL, CREMATION, OR REMOVAL Place Date Ot 25, 1933	Manner of injury
19. UNDERTAKER Dean & Fisher (Address) Bellew Mind	24. Was disease or injury In any way related to occupation of deceased? Ro
20, FILED Oct - 24, 1933 NE Pichardson	(Signed) Za Alluu

CENTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhoge	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

V. S. No. 1

19. UNDERTAKER

(Address)

should state

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10196
1. PLACE OF DEATH  County Tarford  Village or City Obnillaford	Registration Dist. No. / 8 4  ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DEVORCED (write the word) Widower	21. DATE OF DEATH  23  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end yeer)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.  9. Vindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  (State or country)	22. I HEREBY CERTIFY. That I attended deceased from  (1933) to Oct 23 (1933)  I lest saw h
13. NAME Interover  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  CAddress  A CAddress	What test confirmed diagnosis?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No

Registrar.

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	4	
	PLA	7
V. S. No. 1	N. B.—WRITE	T 4.5

STATE OF MARYLAND	CERTIFICATE OF DEATH 10197
1. PLACE OF DEATH	210-100
County Harfard	Registration Dist. No. 185
Village or City Thave de Trace	No. Hosfutal St. Ward
2/ 4/ (lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3.10yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William S. Cha	sl.
(a) Residence: No. I beckeen	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Colored Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
70	, 19, to, 19
6. DATE OF BIRTH (month, day, end year) May 23, 1897	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
36 4 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER (	Date of onset
kind of work done, es SPINNER, Day Caborer	Street by an
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	+ 6 6
SAW MILL, BANK, etc	automorele
about in this is a factor of the state of th	
year) occupation 3 410.	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town)	
(State or country) Maryland.	
13. NAME Villan Clase	
14. BIRTHPLACE (city or town) Part Deficient	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wary M. Dennison 16. BIRTHPLACE (city or town). Plenus	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town). Pleutine	Accident, sulcide, or homicide? accident Date of injury 201. 30, 1933
(State or country) makeyland.	Where did injury occur? Lave de Leave ma.
Thillian China	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Of Care Class	Parket in the state of the stat
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Struck Son carl.
Placelluine ME. Cuellerpote Oct. 3 1933	Nature of injury Broken net, fla weeked what
7/2 01	
19. UNDERTAKER / HULLY & ACCURITY Sovers (Address) A Herdeney Day	24. Was disease or Injury In any way releted to occupation of deceased? ALO
(nulless) workers, ma	If so, specify
20. FILED a Cf. 2 , 1933 Charles & Foly M. D.	(Signed) / Was statisfied (Crows M. D.
Registrar.	(Address) ' Wall as asset full

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Property Co. 1	Example II	
The principal cause of death and related causes of importance were se follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7 9 43			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1,47			
			11


should state Exact statement of OCCUPA-TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARTLAND	CENTILICATE OF DEATH 10100
1. PLACE OF DEATH	3
County Markors	Registration Dist. No.
Village or City Chamoton	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?yrsmosds.
	J
2. FULL NAME ON aut hel	R
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED funite the food)	21. DATE OF PEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased Irom Oct / 1933, to Oct / 1933.
6. DATE OF BIRTH (month, day, and yeer) OC+ 1-19 53	I lest saw h aliwe on 19 deeth is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at
Such born I day,hrs	The Fillows of DEATH end feloted ceases of importance
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
Date deceesed lest worked at II. Total time (yeers)	
this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town) Land: Co- md	Other Contributary Causes of importance:
(State or couptry)	
13. NAME Dounes Check	
13. NAME Downer Cheek  14. BIRTHPLACE (city or town) Q	Neme of operation Date of
(State of Country)	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Scall Crouse 16. BIRTHPLACE (city or town).	23. II death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Johnse Click (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 973	Neture of injury
19. UNDERGAVER O'MU Cheefe an father	24. Was diseese or Injury in any way releted to occupation of deceesed?
20. FILED Oct-2, 1933 ME Richards	(Signed) Clark Parkers M. D.
If more black around all all a Company	N. Ol. I. C. D. L.

STATE OF MADVI AND CEDTIFICATE OF DEATH

10100

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsu 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ano Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 yeor

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS MARGIN RESERVED -WRITE PLAINLY,

V. S. No. 1 N. B.—I

STATE OF MARYLA	ND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	10133
County Atar ford	Registration Dist. No. 152
Village or City Pfinest Hell	No. St., Ward
Length of residence in city or town where death occurred 14 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. If of foreign birth?yrsdsds.
11	
2. FULL NAME Starry Soway	Collinan
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	V V
3. SEX  4. COLOR OR RACE OR DIVORCED (write the	
Mall Marile Marile	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) HUSBAND of Mary Meva Calema	1 HEREBY CERTIFY, That i attended decaesed from 1930 19 to OC+ 12 1933
6. DATE OF BIRTH (month, day, and year) DRC, 13 -15	79 Clast saw him alive on OCT 10 ,1933; death is sai
	ESS than to have occurred on the data stated above, at 4
53 9 12 1 day,	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8 Trade profession or particular	min. ware as billows: Data of once
kind of work done, as SPINNER, Locomotion English SAWYER, BOOKKEEPER, etc.	1932
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. South of the work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at July 11. Total time (years the second to this occurrence of the second to this second to the	<u> </u>
SAW MILL, BANK, etc	
11. Total time (years this occupation (month and 1911) year) occupation	4 200
BIR	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	7010
	A scoumable Carepay 1717
13. NAME Mes. 1. Caleman	Idu is smooning waters
13. NAME (Less), R. Caleman  14. BIRTHPLACE (city or town) Baltinerose (Stata or country) Managed	Name of operationed in Delion) Date of
The state of the s	What test confirmed diagnosis? X _ Noy Was there an autopsy? _ Zu
15. MAIDEN NAME Colice R. Campbell 16. BIRTHPLACE (city or town)	23. If daath was dua to extarnal causes (VIDL ENGE) fill In also the following:
I 16. BIRTHPLACE (city or town)  (Stata or country)  Mary Change	Accident, suicida, or homicide?
2 20 21 10	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Des: Mary Short Column (Address) Shoust Still n	Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Circles Circles Date Cef. 16	, 19.23. Nature of injury
19. UNDERTAKER Senry Tarung Sons (Address) Talerdies mid	24. Was diseasa or injury in any way related to occupation of daceased?
	egistrar. (Address) Louist Kill mal
If more blanks are needed, address Stal	te Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1928	Gastroenteritis	1 year
S.V. U.A.	ARITA		

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(59)
County Harford WITHIN CORPORATION	Registration Dist. No. 185
Village Dr City Have de Lea	No. Harfred St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  3 ds. How long in U.S. if of foreign birth?
(a) Residence: No. Tempelle (Usual place of abode)	St., Ward.  If nonresident give city or town and State/
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Salar Sex	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year wee 25, 1922.	I lest saw have alive on October 74 , 1933 ; death is sald
7. AGE Years Months Deys If LESS than 1 day, hrs.	to have occurred on the deta steted above, at A. m.  The PRINCIPAL CAUSE OF PEATH and related causes of importance
8 Trade profession or particular	Data of one at 1
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc.  10. Date decessed lest worked at this occupation (month end	
O lo. Date daceesed lest worked at this occupation (month end yaar)	
12. BIRTHPLACE (city or town) Temperalle (Stete er country)	Dther Contributory Causes of importanca:
13. NAME Clarence n. Cooper.	
14. BIRTHPLACE (city or town). Ungine	Neme of operation
(Stele of Country)	What test confirmed diegnosis? Was there en eulopsy?
15. MAIDEN NAME Telen fuel  16. BIRTHPLACE (city or town) Unginia	23. If death was due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
27. INFDRMANT	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL MATHEMA Hollyan Dimington Set 11, 1933.	Menner of injury
19. UNDERTAKER BLA FATTERSON (Address) Porrynlles Mid.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Qct. 9, 1973 Charles J. Jaley, M. D. Registrar.	(Signed) M. D.  (Address) Jager M. Allallin)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car EE61 NON	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		165,4760-2	
		Taken I are	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-0)
County 7/asland	Registration Dist. No. 1821
Village or City Bol Que mid	
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 40 yrs	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Susan Fr Cole	
(a) Residence: No. Bela- and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
funde white OR DIYORCED (quite the word)	Oct 1/ 1933
5a. tf married, widowed, or divorced HUSBAND of	(Month) (Dấy) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That t attended decaased from
	, 19 20 , to Oct 11 , 19 33
6. DATE OF BIRTH (month, day, and year) Mov. 21 1860	I last saw h alive on Cel 11 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
72 10 20 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	hrow MM o candulas: Ques
Makind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SLIK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Duration: about Porty years.
SAW MILL, BANK, etc.	1
- i should full full and	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Churchalle	
(State or country)	Delatin I head
13. NAME ROLT B. Coley	0
13. NAME ROLL B. Colley 14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Frances Howard	23. If death was due to external causes (VtDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Schulbe' Come	Accident, sulcide, or homicide?
State or country)	Where did Injury occur?
mathe C. & les	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Marcha Ca Costey (Address) Below held	Specify whether injury occurred in INDOSTRY, in HOME, of in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Franty Date Oct 14 1933	Nature of Injury
VS 1.9A	
19. UNDERTAKER Quant Gall	24. Was disease or Injury in any way related to occupation of deceased?
000	If so, specify Office Richardson
20. FILED Oct. 13, 1933 Oliginia Chambers	(Signed) M. D.

(Address) ....

Registrar.

el an mi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 E. of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10202
1. PLACE OF DEATH	(31)
County Harford	Registration Dist. No. 182
Village or City Pel Qu	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME I da may Hitti	. 12
(a) Residence: No. 1/5 Port Delioset Av	E. St. Ward.
(Usual place of obode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE GR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of A A A COLOR OF THE STATE OF THE S	22. A HEREBY CERTIFY, That i attended deceased from
Capit. Cuartes W. Dellings.	June 19.32, 10 Ot 8 1933
6. DATE OF BIRTH (month, day, and year) March 25/862	I last saw h. A alive on 7, 1933; death is said
7. AGE Yeers Months Days if LESS then 1 dey,hrs.	to have occurred on the date stated above, atOm,  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:  Date of onset
kind of work done, as SPINNER, at House	morandiko
9. Industry or business in which work was done, as SILK MILL.	antern Octorais
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and year)	
f2. BfRTHPLACE (city or town)	Other Contributory Causes of importance:  Rangest Prontelegia
(State or country) Maryland	- Land pringle
13. NAME Daniel Eterleart	
13. NAME () aniel & terleart  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME (Rachel P. O'Connell  16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
Man O I O P C O	Where did injury occur?(Specify city or town, county and State)
(Address)  17. INFORMANT  (Address)  (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place fullid Stuft lette Date US 10, 1933	Nature of injury
19. UNDERTAKER There Carring & Sous	24. Was disease or injury in any way related to occupetion of deceased? Us
(Address) alreader ned.	If so, specify
20. FILEDOCT. 9, 1933, V. E. Chambers	(Signed) Small T. (Majoroffn. M. D.
Registrar.	(Address) Letter Dad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
F-CERT A-8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS stated EXACTLY. PHYSICIAMS TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE m

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10203
County Harfred	Registration Dist. No. 180
Village or City former or the	NoSt.,Ward
(H	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mos,ds.
2. FULL NAME Com & ligateth we	after
(a) Residence: No.	St, Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /
3. SEX 4. COLOR OR RACE COLOR OR RACE OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Basil Grafter	22. Auf HEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, and year) Lawy, 3/ 1836	Hast saw have alive on Aufst 29 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.05 Lm.
9 7 8 3 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as rollows:
kind of work dona, as SPINNER, house mye	nactive ties + tall from 33
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and spent in this second in this s	Shock
10. Data deceased last worked at this occupation (month and spent in this	MILLORD I Sent feeled feeled
year) occupation (month and spent in this	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Countributery Causes of Importance.
(State or country) Mary Land	
# 13. NAME John / Hyres	
13. NAME 1 thrus 1 thyrus  14. BIRTHPLACE (city or town). Many land	Nama of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?_726
15. MAIDEN NAME Wartha Lorden olage  16. BIRTHPLACE (city or town) Many land  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Mary land	Accident, suicide, or homicide? Data of injury 19.
(State or country)	Where did injury occur? 150 we - abung an wof (Specify city or town, county and State)
17. INFORMANT UL Edna Greating	Specify whether injury occurred In INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Tell out of Veg
Place Emmoston Cemetrose Oct / 1933	- Nature of injury - Screetings hufs
19. UNDERTAKER Prowand & Melouna	24. Wes disease or Injury In eny hay related to occupation of deceased?
(Address) Abongdon Ind	If so, specify
26, FILED Oct 8, 19 33 Gred Morlot	(Signed) Well 4 The The World Wo
Coal. Registrar.	(Address) FAQ ELV 019 WQ
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	f in	s P	CUI	
	o ma	houl	0	
	y ite	S	t of	
	ver	IAN	men	
	D. I	SIC	tate	
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MARGIN RESERVED FOR BINDING	IS I	s ec	oe p	of ce
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	bI.	nou	OF	Ver
	ITI	on s	SE	N is
	-WR	mati	CAL	TION is very important. See instructions on back of certificate.
	B.			
	ż	(-	T	3

1. PLACE OF DEATH  County
Village or City.  Village or City.  Additional St., Williage or City.  Length of residence in city or town where death occurred. 27. yrs. mos.  2. FULL NAME.  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  S. SINGLE, MARRIED, WIDOWED.  OR DIYORED (write the world)  5.3. If married, widowed, or diyoreed HUSSANSON OF (Or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  II LESS than 1 day.  S. Trede, profession, or particular kind of work done, as SPINNER, ASAWER, BOOKKEPER, etc.  9. Industry or business in which work as done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work as done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above, etc.  10. Date of or the date stated above
Length of residence in city or town where death occurred 2 yrs
Length of residence in city or town where death occurred A yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIYORCED (winter the world)  5a. If married, widowed, or diyorced HUSEAND of (Or) WIFE of (OR) W
2. FULL NAME  (a) Residence: No.  (b) St.  (c) St.  (d) St.  (e) St.  (f) S
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIYORCED ("write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decreased last worked at the state of the
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)  5a. If married, widowed, or divorced HUDDAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  19.37  (Month)  (Day)  (Year)  19.37  (ACE)  19.37  (ACE)  10.37  (Month)  (Day)  (Year)  (Month)  (Day)  (M
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (near)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Agy Admilton  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  10. Date decessed last worked at the state of the s
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day, hrs.  or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (near)
7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, ANYER, BOOKKEPER, etc. Date of or work was done, as SILK MILL, SAW MILL, BANK, etc.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    Salve   The Principal Cause of Death and related causes of importance were as follows:    Date of or   Da
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at 11. Total time (near)
SAWYER, BOOKKEEPER, etc.   SAWYER, etc.   S
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last, worked at 11. Total time (years)
10. Date decessed last worked at 11. Total time (years)
year)
12. BIRTHPLACE (city or town)  Action  (State or country)  Other Coutributory Causes of importance:
13. NAME Charles Janks
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  14. Birthplace (city or town)  (State or country)  What test confirmed diegnosis? Peralleria Wes there an autopsy?
What test confirmed diegnosis? Products Wes there an autopsy? Wester a
15. MAIDEN NAME Maria Calle 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT The Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place Manner of Injury Nature of Injury Nature of Injury
19. UNDERTAKER Steining January January January 24. Was disease or injury in any way related to occupation of deceased? ho (Address) The Children and If so, specify
20. FILED 1-5, 1933-60 Auchael (Signed) Color Price (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED -WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	
	ion Dist. No. 181
Village or City Haw de Street A. F. & No. (If death occurred in a horpital or institution, give its NA	St., Ward
Length of residence in city or town where death occurred 73 yrs ds. How long in U.S. if of foreign birth?	
2. FULL NAME Lengt & Sighting Glod Hiptuns	
(a) Residence: No. Seven Creek St., Ward.	
	dent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICA	TE OF DEATH
3. SEX 4. COLOR OR RACE Nor DIVORCED (write the word)  Male  4. COLOR OR RACE Nor DIVORCED (write the word)  Male  (Month)	(Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	(Dey) (Yeer)
(or) WIFE of Ginelia R. Septems 22. I HEREBY CERTI	FX, Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, and yeer) March 3 0- 1860 I as saw ham elive on Och	27 1923 deeth is said
7. AGE Years Months Days If LESS then to have occurred on the date stated above, et 21.	
7 2   1 dey,hrs. The PRINCIPAL CAUSE OF DEATH and related of	•
8. Trede, profession, or particular	and a Looks. Oate of onset
kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc. Stone Mason	De la
9. Industry or business in which	the transfer of the transfer o
work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month end 1931)  The same of the same o	
occupation to a series of the	
12. BIRTHPLACE (city or town) Abartond Co	
(Stete or country) many land of the state of	+
13. NAME William Ayphins  14. BIRTHPLACE (city or town)  (State or country)  Neme of operation	-tree-
14. BIRTHPLACE (city or town)	Dete of
Whet test confirmed diegnosis Lence	Wes there en eutopsy? 23
15. MAIOEN NAME Prescilla Singleton 23. If deeth was due to externel ceuses (VIOLENCE Accident, suicide, or homicide?	E) fill In elso the following:
6 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?	Dete of injury, 19
Where did injury occur?	y or town, county and State)
17. INFORMANT Ph Decord of Grand and Rose Specify whether injury occurred in INDUSTRY, in (Address)	HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury	
Batters Carriet Date Och 29, 1923 Neture of injury	
19. UNDERTAKER Across January Along 24. Wes disease or injury in any way related to see (Address) Rhesses mil 15 so, specify	cupation of deceased? 2
20. FILED Oct 28, 19 33 OC Muchael (Signed) In Alex	ing M.D.
Registrar. (Address) All Mary 10	Jane Must

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

should state A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED AGE should be mation should be carefully supplied. -WRITE PLAINLY,

FOR BINDING

V. S. No. 1

County Harland	
	Registration Dist. No. 182
Village or City 13 Cara (Company)  Length of residence in city or town where death occurred 30 yrs. — me	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  as. ds. Hew leng in U.S. If ef feraign birth? yrs, mes. ds.
2. FULL NAME  (a) Residence: No. 111 9 Orms of (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the werd)  Colored  Colored  The colored of the color	21. DATE OF DEATH Of 20, 193 J (Month) (Day) (Year)
5a. If marriad, widewed, or divorcad HUSBAND ef (ex) HUFE es  6. DATE OF BIRTH (menth, day, and year)  7. AGE  Yaars  Menths  Days  If LESS than	22. 1 HEREBY CERTIFY, That I attended decaased from OCT 20, 1932  I last saw have alive en OCT 20, 1932; death is said te have occurrad en the date stated above, at 6/149, m.
62 1 day,hrs.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jayo Carolox Rusins
12. BIRTHPLACE (city or town) Ballians (State or country)	Other Coutributary Causes of Importanca:
13. NAME Unknown ( 14. BIRTHPLACE (city er tewn) Margland	Name of oparation Date of What test confirmed diagnesis? None Was there an autepsy? No
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or ceuntry)  17. INFORMANT  (Address)	23. If death was due te external causes (VIOLENCE) fill in also the following:  Accidant, suicida, er homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Jahrenschel 27 Date Cel 27 19 23	Manner of injury
19. UNDERTAKER Servey Tarring Jorgo (Addrass)  20. FILED Oct 21, 19 33 / G. Richards on Registrar.	24. Was disaase or injury in any way related to eccupation of dacaased? No.  If se, specify  (Signed) Wellard P. Audibu M.D.  (Address) Tolky Hell md.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

z (	-	N. B.—WRITE PLAINLY, WATH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CATISE OF DEATH in plain terms so that it may be properly classified. Exact statement of OC	RECORD. Ev PHYSICIA	ANS sh	u no C
T	-	TION is very important. See instructions on back of certificate.	משבר פושיבו		3

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10201
County Starford - WITHIN COGPONAT . 1	Registration Dist. No. 185
Village or City Thoughout	No. Ham a Trace Hospitagst. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
mi / 1/	Va Oly
(a) Residence: No. alingdon	si was the Can The
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town und State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mele 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  Otology  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of Mary Hariland	22. I HEREBY CERTIFY, That I attended deceased from September 17, 1933, to October 3, 1933
6. DATE OF BIRTH (month, day, and year) July 8 1856	I last saw have elive on Oat 1 3 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6.2.15 A.m.
77 de 77 de 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9.4ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and	- Fraction right
Work was done, as SILK MILL, SAW MILL, BANK, etc.	- Feynser
	Disposition and
A 9	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) Scale (Stata or country)	
	Cachestra
I	Japanessa
4 14. BIRTHPLACE (city or town) Queling (State or country)	Name of operation
15. MAIDEN NAME Many Haviland	Whet test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Charles (State or country)	Accident, suicide, or homicide? Fall. Dete of Injury July/19.33
(State or country)	Where did injury occur? Country at About.
17 INFORMANT Miss Molly Lingon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bel Carff	John '
18. BURIAL, CREMATION, OR REMOVAL.	Manner of injury tall
Prace Total Truck Date 10 19 33	Nature of injury tracker territory
19. UNDERTAKER Howard (Meloana (Address) About golon. Mid	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Oct. 3, 1933 Charles J. Joley M. D. Registrar.	(Signed) Carty Joley M. D.  (Address) James at Drake And
1	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy,	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEARGOGNI	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	· Gastroenteritis	1 year
		The state of the s	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. GAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING MARGIN RESERVED N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County North	Registration Dist. No.
Village or City lender	M-
	NOSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foralgn birth?yrsmosds
2. FULL NAME Januer Han	my Resuredy
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OP DIVERCED (write the word)	21. DATE OF DEATH 26 , 193 3. (Month) (Day) (Yaar)
5a. If married, widowad or divorced HUSBAND of	(month) (bay) (last)
(or) Millian , one celliott Lemme	HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1848	I last saw h Malive on Oct 259 Teath Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
85 / 23   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:
8. Trada, profession, or particular kind of work done, as SPINNER handers	Date of oneet
SAWYER, BOOKKEEPER, atc	
9 Industry or business in which we the work was dona, as SILK MILL, SAW MILL, BANK, atc	blacet rostatities
O ID. Date daceased last worked at	mural asperco.
this occupation (month and 1933 spent in this 594)	o cecsosis
lesse Pranch &	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	/
13. NAMES elus Basowin Kerre	87
I 1/66	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
W 15. MAIDEN NAME Cha Cury	What test confirmed diagnosis?
E C	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide?
8,0-0 pm - to 0 .00	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT CLUEL VI JVIIICALLE	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	
Place Level Cornetery Date Oct 29 1933	Mannar of injury
	Nature of injury
19. UNDERTAKER Savey Jaming Jones (Address)	24. Was diseasa or injury in any way related to occupation of deceased?
12+784 20 711	If so, specify
20. FILEBOOK TO 19 23 Michael Registrar.	(Signed)
	(Address)   I   Make   K

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Horford	Registration Dist. No. 184
Village or City Oylardee	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Sarah m Fin	Roses
(a) Residence: No. Pylesville	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Or MIFE of Mr. Lands.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 57 30 18-55	I last saw her alive on Och 22 ,1933 ; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 3.23 Pm.
57 1/24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cargerogua
Shind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spent in this occupation (month and (2, 7, 2))	ret trupet with
work was done, as SILK MILL, SAW MILL, BANK, etc.	mercure co-account
10. Date deceased last worked at this occupation month and year)	
year) (1) year) (2) (3) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME FOR SHOULD 14. BIRTHPLACE (city or town)	Name of operation Oata of Oata of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lugary French	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Profesional Miles	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Styllorg Oate 0426 , 1933.	Nature of injury
19. UNDERTAKER IF IL IL	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Fand Store O'd	If so, specify
20. FILEO QC/-25, 19.3.3 ) 6 J. S. 47 Chabb Registrar.	(Signed) Cardiff M. D.  (Address) Cardiff
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	F MARYLAND-	CERTIFICATE OF DEATH	1210
County Hashord		Pagistration Dist. No. 1 %	7
D		Registration Dist. Np. 2	
Village or City	yman (1	NoSt.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,	Ward
Length of rasidence in city of fown where de		ds. How long in U.S. if of foraign birth?m	
2. FULL NAME Lola	H. M. Com	eas	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Timele Colored Married (write the word)		21. DATE OF DEATH (Month) (Oay)	, 193.7
5e. If marriad, widowed, or divorced			(Year)
(or) WIFE of Callet Me. Comas		22. 1 HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year)	8. 10= 1870	I last saw h Or alive on Uch 10 ,19.32	death is said
7. AGE Yaars Months	Days If LESS than	to heve occurred on the data stated above, at 121059_m.	
63   -	6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	12
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	menile		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and this programme).		Tulmonosytuberculose	20
10. Oate deceased last worked at this occupation (month and year)	11. Total time (years) spent In this occupation/	,	
12. BIRTHPLACE (city or town) Junyman (State or country) Mary Land		Other Contributory Causes of importance:	
13. NAME William 18 14. BIRTHPLACE (city or town) Blow	Central		
4. BIRTHPLACE (city or town)	ryspan	Name of operation Oate of	1
(State or country)	manfal	What test confirmed diegnosis? Was there an a	ulopsy?
15. MAIDEN NAME Jenice	Pact	23. If deeth was dua to axternal causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Tenic Pact  16. BIRTHPLACE (city or town)  (State or country)		Accidant, suicide, or homicida?	
18. BURIAL, CREMATION, OR REMOVAL			
Place Union M. C. Centry Date Cot - 19, 1922		Nature of injury	
19. UNDERTAKER Sterry Jan	ung that	24. Was diseasa or injury in any way related to occupation of daceased?	6
(Address)	racken my	if so, specify	
20. FILED (19 , 19 7)3	Muchan	(Signed)	M. D.
	Registrar.	(Address)	months.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago Run over by street ear Chronic interstitial nephritis 1 week ago 1921 Peritonitis Cerebral hemorrhage Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	952)
County Harfand	Registration Dist. No. 182
Village or City Harkens Shop	No. St. Ward
Length of residence in city or town where death occurred Louis mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?mosds.
11/11 11/11/11/11	now long in 0.5. If of foreign birth?yrsmosds.
2. FULL NAME Wylligen of Mis	chall
(a) Residence: No. (Usual place of above)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgan Ward	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 14-1847	I last saw han elive on Geh 8 1983; death is seid
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, at 100 m.
85 9 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Bulkrese SAWYER, BOOKKEPPER, etc	Organic Heart desay 1982
kind of work done, as SPINNER, SawyER, BOOKKEEPER, etc.  3.4 dustry or business in which work was done, as SILK MILL, Saw MILL, BANK, etc.  10. Date decessed lest worked et this occupation (month end	
10. Date deceesed lest worked et this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Harhun Shap	Other Coutributory Causes of importance:
(State or country)	
13. NAME Order Machael  14. BIRTHPLACE (city or town). Hafureller	
14. BIRTHPLACE (city or town).	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Muss Grave Michael (Address) Joseph Hill run	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Och 1/, 1933	Nature of Injury
19. UNDERTAKER Dean Y Foster (Address) Bel Que Mind	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct. 10, 19.33 O. E Chambers	(Signed) Charles W. Harrows M. D.  (Address) Street Po 222
Acgurat.	(noutess)

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	at-reading	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRATI	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 10212

1. PLACE OF DEATH	48
County Harford	Registration Dist. No. / 6
Village or City Cherdien	No. St Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Effic M. Murphy	
(a) Residence: No. Back St. E. (Usual place of Abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Themale 5a. If married, widowad, or divorced	21. DATE OF DEATH 1937 (Month) (Doy) (Year)
6. DATE OF BIRTH (month, day, and year) May 15-1876	1 HEREBY CERTIFY That Lattanded deceased from 183, to 14, 198.3  I last saw h alive on
7. AGE Yaars Months Days If LESS than 1 day,hrs.  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	to have occurred on the data stated above, at 17-29fm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset 1932
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:  Other Contributory Causes of Importance:  Output  Ou
(State or country) marghand  at 13. NAME lands Mon Stoic	
13. NAME Month Month of 14. BIRTHPLACE (city or town)	Name of operation Data of What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Aurth Washington  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT Mas James H. Mayshy  (Address)	23. If death was dua to axtarnal causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place PROF. Calvay Cont pata Pel 17 , 1933	Manner of injury
19. UNDERTAKER Sensy January Jores (Addrass)  20. FILED Oct 14, 1973 Holycharl	24. Was disease or Injury In any way related to occupation of decaased? It so, specify  (Signad)  (Address)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	95-2
County Harford	Registration Dist. No. 185
VIII De City Havre de Grace	No. St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?wrsmosds.
2. FULL NAME Last, fullam to	Toplan
(a) Residence: No. 302-Market (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRITD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Och. 24 1933
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of CONTRACT Aure Murray (Dec.)	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) March 12-186	I last saw h alive on Q 34, 19 33; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the dete stated above, at
72 7 // ray,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, Statlant.  SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et this occupation (month end spent in this spent in this	World My -
work was done, as SILK MILL, SAW MILL, BANK, etc.	sardely (
10. Date deceased lest worked et 11. Total time (years)	Hypertrophical
this occupation (month end spent in this occupation coupation	guostati
Hure to Grace	Other Coatributory Causes of importance:
(State or country) Oua rule (1)	Tachara.
13. NAME golas Poplar.	auman
13. NAME John Hopelar.	Neme of operation Dete of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Nettie Alaman	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Nettie Holson,  16. BIRTHPLACE (city or town) Carrelle Grace  (State or country)	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town)   Carte   Cart	Where did injury occur?
17. INFORMANT Mrs. hogse Prigue	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place augel Hell (Date Oct, 27,19 33	Nature of injury
A to the state of	
19. UNDERTAKER Planty of Children (Addiess) Planty de Vrace M.	24. Wes disease or injury in any way related to occupation of deceased?
25 11 17 55	(Signed) Clarks J. Saley M. D.
20. FILED Clet 26 , 19 33 Charles & Taley Mr. D. Registrar.	(Address) farel de Hace Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 101 4 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		74	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	205.9)
County Thursond SITNIN CORPO	Registration Dist. No. 185
	No. As you want death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME B. Carl Simming	
01.3	St., Ward.
(Usua/place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	(month) (bay) (roat)
HUSBAND of Tillie Simmons	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 9. 1902	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 1.1.4.3.2.1.5 m. \( \) The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:  Date of oneet
SAWYER, BOOKKEEPER, etc	Tractus feeling on him
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	γ γ
Spent in this occupation (month and	Coromans Angust demal
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - North Carolina	**************************************
13. NAME James Mr. James of the BIRTHPLACE (city or town)	
f4. BIRTHPLACE((city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
f 6. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide? Date of Injury, f9,
(State or country) flowh Carolina	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Tyllie Samenory (Address) Chirolica Mad	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MM John Consty Date Cor. 22, 1932	Nature of injury
19. UNDERTAKER Sterry Janing Long (Address)	24. Was disease or Injury In any way releted to occupation of deceased?
20. FILED Oct 19, 1963 Ches. J. Foley. 9m.D.	(Signed) W. M. Gasses Corone 100
Registrar.	(Address) Charles Street, Baltimory Requesting 9) S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chanic intenstitical and article	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

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1. PLACE OF DEATH	(87-P)
County Have dest Harford;	Registration Dist. No. 185
Village or City Have de Grace,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Alike Hall Sun	th,
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale Wille process.	21. DATE OF DEATH  October 6 193 3  (Month) (Day) (Year)
5a. If married, widowed, or divorced #1058AND of On. P. St. Switte.	22. Ang 17 - 1933 to Office 6 = 1933
6. DATE OF BIRTH (month, day, end year) May 12-185%.	i last say har elive on October 5 19 3; death is sald
7. AGE Years Months Pays If LESS than	to have occurred on the date stated ebove, etm.
82 4 24 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Double of SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Ohrome Intitis
9. Industry or business in which work was done, as SILK MILL,	/ A A
10. Total time (years) this occupation (month and spant in this	buttol Selviers
year) occupation	Other Centributery Causes of importance:
12. BIRTHPLACE (city or town) Tare he drate.	A
(State or country) Migriffand,	Landrae by homelong
14. BIRTHPLACE (city or town)	Name of operation Date of
(Mare of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State-or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
17. INFORMANT Delen Smith,	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Have the Sucker and	***************************************
Place augel Hill Date Oct 9, 19.33	Manner of injury
19. UNDERTAKER Remenington & Sow.	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Have de Brace ruch	If se, specify (Signed) farmer H. Bay, M. D.
20. FILED	(Address) Horn or Fine Mis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8)·
County Accepted	Registration Dist. No. 185
Village or City Agree de Tunas	No. Stayottal St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Frace P. Stansby	ury.
(a) Residence: No. Drothly Silf roms (Usyal place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Oay) (Yeer)
HUSBANO of (or) WIFE of	22. Our JEREBY CERTIEY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and yeer) Cycril 7. 1929	I last saw h Sy alive on 9 c/ 3/2 , 193 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:20 G, m.
4 6 C 1 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, proféssion, or particular kind of work done, as SPINNER,	Oate of onset
SAWYER, BOOKKEEPER, etc.	Crensio3 /- 2-+3
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Troser Jus pu
0 10 Oate deceased last worked at 11. Total time (years) t	constays + VT +
this occupation (month end spent in this occupation occupation	face 1
P D	Other Contributory Causes of importance:
(State or country)  Margland	
	Aftal
14. BIRTHPLACE (city or town) And Con f	
(State or country)	Name of operation
	What test confirmed diagnosis?
E 13. MAIDEN NAME	23. if death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Alen & Bond  16. BIRTHPLACE (city or town) Churchwills  (State or country) Manager	Accident, suicide, or homicide? Date Alinjury Date Alinjury 1933
1 (State of Country) Margama	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. Charles 4. Stansburg	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Glanden Mid  18. BURIAL, CREMATION, OR REMOVAL	July July Meryany
Place Homen M. & Country Date Och 24 1932	Manner of injury
19. UNDERTAKER GENRY Janung Soms	24. Was disease or injury in any way related to occupetion of deceased? 240
(Address) Libertite mil.	If so, specify
20. FILEO Oct 23 33 Charle & John M. Registrar.	(Signed) M. D. M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TINDITIONAL	OT STORY TOTAL	T U II I I I I I I I I I I I I I I I I I		12 1	

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	822		
County Sarford	Registration Dist. Np. 18/		
Village Dr City Cherdson (If	ND. St., Wa death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred 25 yrs. mos.	ds. How long in U. S. If of foreign birth?yrsmos		
2. FULL NAME John A Walher			
(a) Residence: No. / Mayale and	St., Ward.		
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State		
SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH		
male White OR DIVORCED (write the word)	(Month) (Day) (Year)		
a. If married, widowed, or divorced HUSBAND of Gory MUSE of A A A A A A A A A A A A A A A A A A A	22. / HEREBY CERTIFY, Ihav I attended deceased fr		
Mary J. Walker	OP 3 ,1933, to OCT 24 ,193		
DATE OF BIRTH (month, day, and year) Closs 28-1856	I last saw hull alive on 001 23 , 19.3.7; death is s		
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dale stated above, at 11.2534 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, profession, or particular	Date of one		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	arterio Lelevores		
3 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- A		
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.  Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10-Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (contained)	Corcord Amorthage		
2. BIRTHPLACE (city or town)  (State or country)  (State or country)	Dther Contributory Causes of Importance:		
The state of the s			
13. NAME Nalface  14. BIRTHPLACE (city or town) The form	Name of operation Date of		
(State or country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Apple an Brown  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19		
(State or country)	Where did Injury occur?(Specify city or town, county and State)		
7. INFORMANT 1995 Valle & Istalle (Address) abbrillion med	Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.		
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Place Hely for Canaly Date Och 27, 1923	Nature of injury		
9. UNDERTAKER Sensy Tanning Long (Address) Charles World	24. Was disease or injury in any way related to occupation of deceased?		
O. FILED Cet 25-19 33 Of Michael	(Signed) (Signed) M		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
PUREAU WELL				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	